## **Town of Stoneham**

35 Central Street Stoneham, MA 02180



**Human Resources Department** (781) 279-2630

## **Authorization for Direct Deposit of Payroll Check**

Employee: Return this completed form to the Human Resources Department.  Note: Your Financial Institution may take several weeks to process.  Check ONE of the following boxes:    Initial Enrollment for Direct Deposit	ries indicat y account om me of			
Check ONE of the following boxes:    Initial Enrollment for Direct Deposit	ries indicat y account om me of			
Initial Enrollment for Direct Deposit	ries indicat y account om me of			
Change for an Existing Direct Deposit	ries indicat y account om me of			
* Employees are allowed up to four direct deposits, you are not required to have four.  * You must complete a separate form for each Direct Deposit.  Date  Employee #  Department  Name  Address  I hereby authorize and request the Town of Stoneham ("Town"), to deposit any amounts owed me by initiating credit entries to my acc following financial institution indicated on this form. Further, I authorize the financial institution to accept and to credit any credit entries by the Town to my account. In the event that the Town deposits funds erroneously into my account, I authorize the Town to debit my an amount not to exceed the original amount of the erroneous credit.  This authorization is to remain in full force and effect until the Town and my financial institution have received written notice from termination in such time and in such manner as to afford the Town and the financial institution a reasonable opportunity to act upon it	ries indicat y account om me of			
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Employee Signature → Date →				
Financial Institution Information: Check ☑ EITHER Checking Account or Savings Account				
☐ Checking Account → → Attach a Voided Check  Attaching a Voided Check insures accuracy				
☐ Savings Account → → Attach a Savings Deposit Slip Attaching a Deposit Slip insures accuracy				
Bank Name				
Branch Location The Branch location where you bank				
City, State, Zip				
NAME				
ACCOUNT NO.				
PAY TO THE GAIDER OF				
DOLLARS				
THE BANK OF WASHINGTON  GRAINT UTGE BARKING				
1:1251083661: 123456789 • 123				
ABA / Transit Bank Account Check Number				
Routing Number Number				
Net of Check ☐ Amount \$				
Account Information (select for main deposit) (specify amount for additional deposits only*	1			
☐ Checking Account → → ABA # Bank Account #	*)			
□ Savings Account → → ABA # Bank Account #	*)			
	*)			
Bank Name	*)			
	*)			
Bank Name	*)			

*A separate form will need to be co	mpleted for each direct deposit.
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FOR OFFICE USE ONLY			
Received by HR and forwarded to Treasurer's Office on:	Date:	Ву:	
Treasurer's Office pre-note/EFT Confirmation received on:	Date:	Ву:	
Completed and Returned to Human Resources on:	Date:	Ву:	